

PTO/SB/22 (08-03)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 564462000320	
In re Application of Dennis MURPHY et al.			
Application Number 09/886,400		Filed June 20, 2001	
For: ALPHA GALACTOSIDASE AND METHODS FOR MAKING AND USING THEM (AMENDED)			
Art Unit 1652		Examiner D. M. Ramirez	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

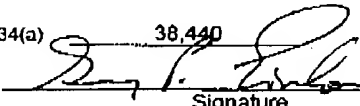
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 38,440

May 19, 2004 \_\_\_\_\_  
Date

(858) 720-5133 \_\_\_\_\_  
Telephone Number

  
 Signature  
 Gregory P. Einhorn  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

## Certificate of Transmission by Facsimile

I hereby certify that this correspondence is being transmitted by facsimile to the USPTO on the date indicated below to central fax number 703 87209306

5/19/04 \_\_\_\_\_  
Date of Transmission Jeanne Amour